

Name  
in  
Full

Ethel May Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cove Pt</i>		County <i>Calvert</i>		MARYLAND		
Date of death		1907	Month <i>Sept</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>13</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>						
Father's Name <i>John T Allen</i>		Father's Birthplace <i>Calvert Co</i>						
Mother's Maiden Name <i>Mary E. Riggell</i>		Mother's Birthplace <i>St Mary's Co Md</i>						
Name of person giving information <i>Mary E Allen</i>		How related to deceased <i>Mother</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>about 4 weeks</i>
Immediate	<i>Spasms</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr F Chambers MD</i>	
		Address <i>Luxby, Calvert Co Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Willons</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept.</i>	Day	<i>15</i>
Age	<i>65</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Negro</i>	Birth-place	<i>Plum Pt. Md.</i>
Occupation	<i>Housekeeper</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Samuel Brown</i>		
Father's Name	<i>Unknown</i>	Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace	<i>Unknown</i>		
Name of person giving information	<i>Howard Brown</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Mitral Regurgitation</i>	How long	<i>5 years</i>
Immediate	<i>Cardiac Dyspnoea</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>W. H. Talbot</i>	
Address		<i>Chesapeake Beach, Maryland</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept	29	—	—	3	15
Sex		Color or Race		Birth-place			
Female		White		Calvert Co			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single				—			
Father's Name				Father's Birthplace			
James R. Carroll				Calvert Co			
Mother's Maiden Name				Mother's Birthplace			
Ella M. Culumber				Calvert Co			
Name of person giving information				How related to deceased			
Ella M. Carroll				Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	How long	6 weeks
Immediate	Diarrhea	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. F. Chambers M.D.	
		Address	
		Lusby, Calvert Co	
		Md	
Accident or Suicide?			



Name

in  
Full

Margaret Elizabeth Cussie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bowens</i> Town		<i>Leaumont</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>9</i>
Age	<i>5</i>		Years	<i>10</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Leaumont</i>	
Where residing if not at place of death			<i>"</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Henry G. Cussie</i>		Father's Birthplace	
Mother's Maiden Name		<i>Annie E. Pitcher</i>		Mother's Birthplace	
Name of person giving Information		<i>Henry Cussie</i>		How related to deceased	
				<i>Father</i>	

## CAUSES OF DEATH

105

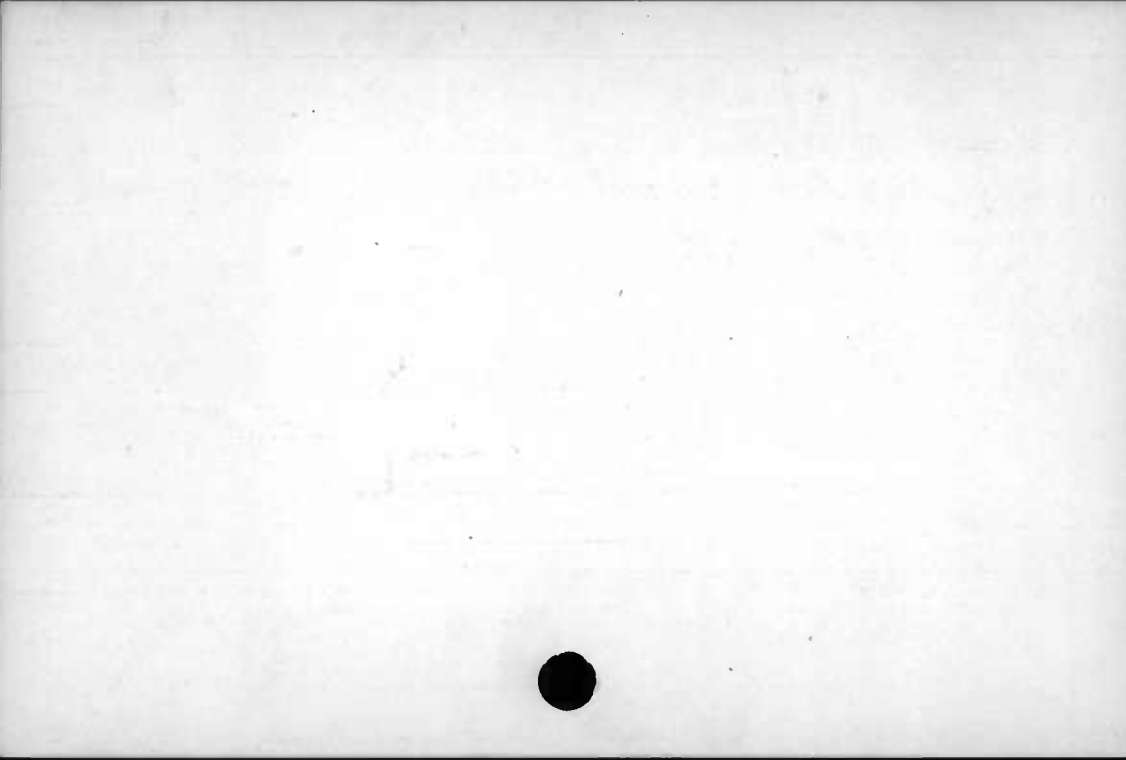
PHYSICIAN  
OR CORONER

Primary	<i>Iles Colitis Chronic</i>	How long	<i>4 mos</i>
Immediate	<i>Marasmus</i>	How long	<i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>[Signature]</i>		<i>L. M. King</i>	
Address		<i>Bavetow Md.</i>	
Accident or Suicide?			





Name in Full		Winnie Belle Elliott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Solomons		County Calvert.	
		Date of death		1907		Month September	
				Day 28		Age Years	
						Months	
						Days 17	
		Sex		Female		Color or Race White	
		Birth-place		Solomons.			
		Occupation		Infant.		Where Residing if not at place of death	
		Married, Single or Widowed				Name of Wife or Husband	
		Father's Name		William Henry Elliott		Father's Birthplace	
		Mother's Maiden Name		Winnie Belle Oliver		Mother's Birthplace	
		Name of person giving information		W. H. Elliott		How related to deceased	
						Father	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Enteritis		How long	
						(105)	
		Immediate				How long	
						7 days.	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address		Solomons,	
						Md.	
		Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

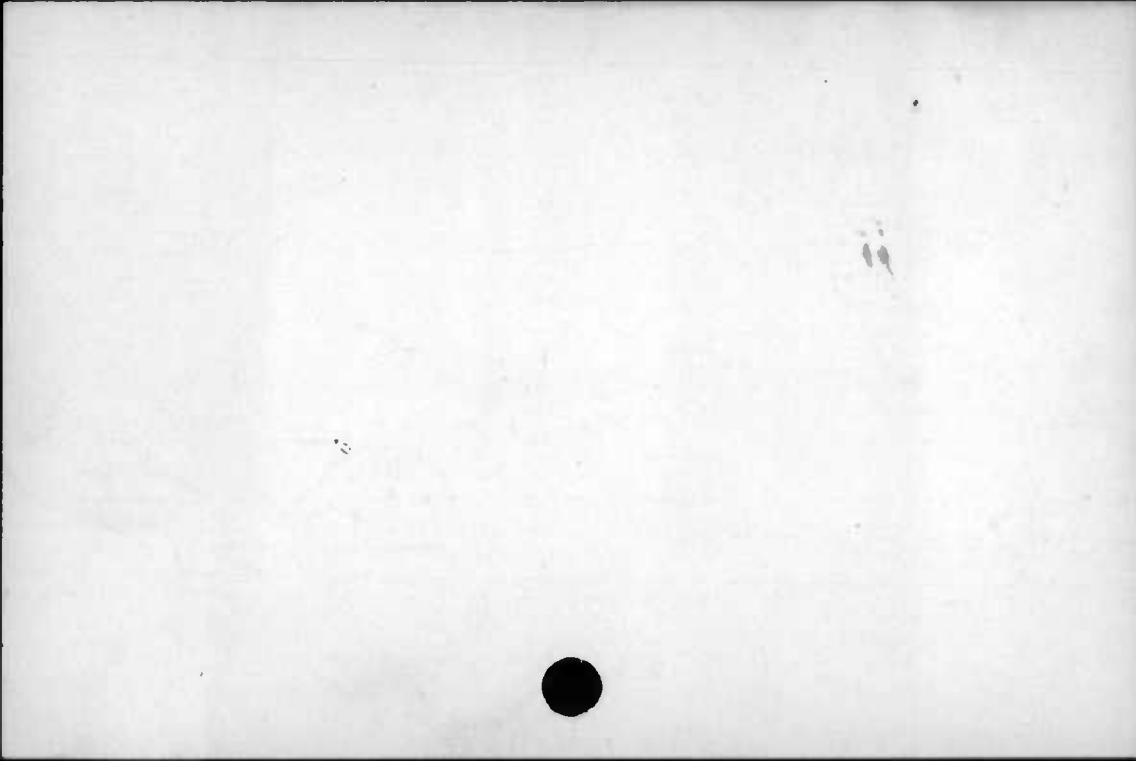
Name in Full <i>Winnie Belle Elliott</i>		Town <i>Solomons</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Solomons</i>		Month <i>Sept.</i>		Day <i>11</i>		Age <i>21</i>	
Date of death <i>1907</i>		Months <i>5</i>		Days <i>18</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Solomons, Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Harry Elliott.</i>					
Father's Name <i>Thomas J. Oliver.</i>		Father's Birthplace <i>Northumberland Co. Va</i>					
Mother's Maiden Name <i>Eliza Francis Stevens Anna Leary Shors.</i>		Mother's Birthplace <i>Somerset Co. Md.</i>					
Name of person giving information <i>Elizabeth Wallace</i>		How related to deceased <i>Sister.</i>					

## CAUSES OF DEATH

(138)

PHYSICIAN  
OR CORONER

Primary <i>Child birth</i>	How long
Immediate <i>Puerperal Convulsions</i>	How long <i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. March.</i>
<i>Q</i>	Address <i>Solomons Md.</i>
Accident or Suicide? <i>—</i>	



Name  
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Full

Margaret Strooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

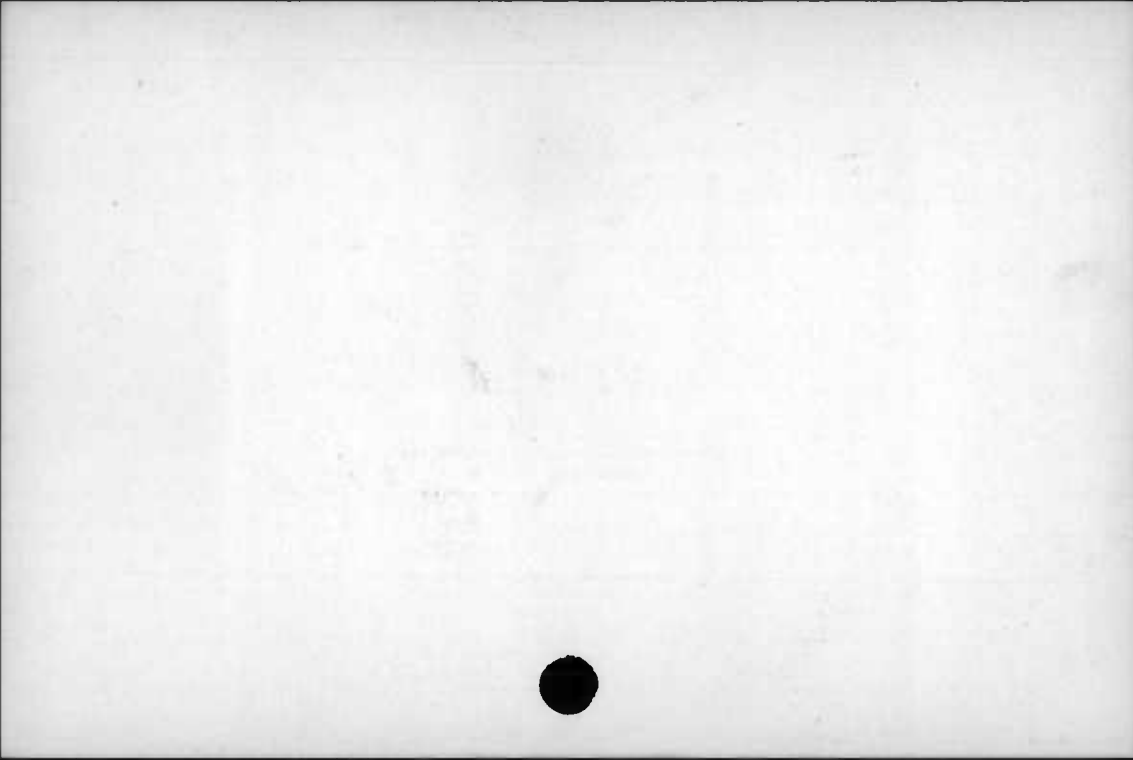
Died at		Town Willerms		County Calvert		MARYLAND	
Date of death	1907	Month Sept	Day 12	Age	Years	Months 7	Days
Sex	Female		Color or Race	White		Birth- place	Cal. Co.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Jack Strooper			Father's Birthplace	
Mother's Maiden Name			Minnie Archway			Mother's Birthplace	
Name of person giving In formation			Wilton Cochran			How related to deceased	
						Uncle	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Improper feeding		How long
Immediate	Dyspeptic Diarrhea		How long
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. W. Fitch	
Address		Huntingtown, Md.	
Accident or Suicide?			



Name  
in  
Full

Mecie Johnson

## CERTIFICATE OF DEATH

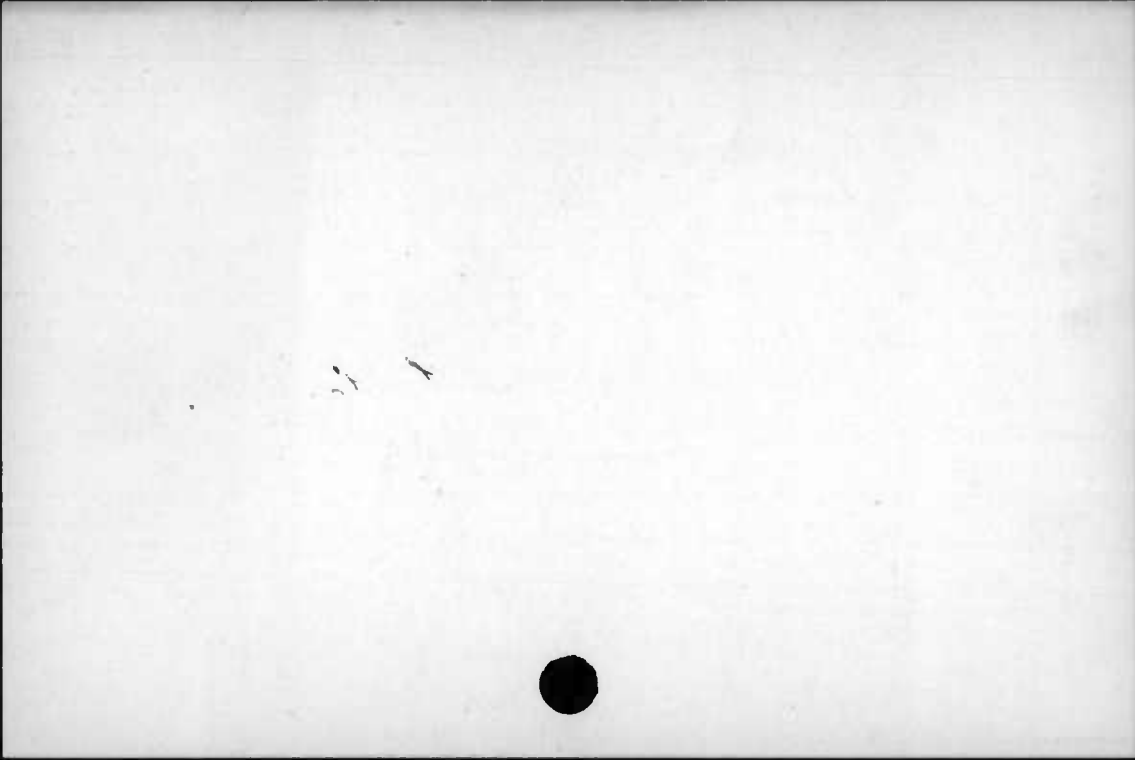
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Wicomico		County Calvert		MARYLAND	
Date of death	1907	Month Sept	Day 25	Age	Years	Months 2	Days
Sex	Female		Color or Race	Black		Birth- place	Cal. Co.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Frank Johnson			
Mother's Maiden Name				Morn Cheryl			
Name of person giving information				Frank Johnson			
Father's Birthplace				Balt.			
Mother's Birthplace				Cal. Co.			
How related to deceased				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Scrophula	(35)	How long	From birth
Immediate	Inflammation		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. W. Leitch		
Address		Huntingtown		
Accident or Suicide?		No		





Name  
in  
Full

Ruth Isabel Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barstow</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> <sup>Month</sup>	<i>27</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles Lane</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Edna Humphreys</i>		Mother's Birthplace <i>AA Co</i>			
Name of person giving information		How related to decedent			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Also Colitis</i>	How long <i>2 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. M. King MD</i>
<i>9</i>	Address <i>Barstow MD</i>
Accident or Suicide?	



Name  
in  
Full

Lloyd Sly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lo. Marlboro</i>		Town <i>Calverton</i>		County <i>Calverton</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>9</i>	Age <i>59</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Calverton Co</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Bristol, A.C. Co</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ruth Sly</i>					
Father's Name <i>Gabriel Sly</i>				Father's Birthplace <i>Calverton Co</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>William M. Gibson</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>138</i>	How long	
Immediate	<i>Drowning</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. N. Vieman</i>	
		Address <i>Lo. Marlboro</i>	
Accident or Suicide?		<i>Ind</i>	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName in Full *Unnamed Infant of Wm. V. Watson*Died at *Prince George's* <sup>Town</sup> *Calvert* <sup>County</sup>

MARYLAND

Date of death *1907* <sup>Month</sup> *Sept* <sup>Day</sup> *28* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *male* Color or Race *white* Birth-place *Calvert Co*Occupation *none* Where Residing if not at place of death *—*Married, Single  
or WidowedName of Wife or  
Husband *—*Father's Name *Wm. V. Watson*Father's Birthplace *Calvert Co*Mother's Maiden Name *Mary L. Rawlings*Mother's Birthplace *Calvert Co*Name of person giving information *Wm. V. Watson*How related to deceased *Father*

## CAUSES OF DEATH

**(S)**Primary *Still born*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Isaac M. King*  
*Baltimore*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Solomons</i>		County <i>Calvert</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>2</i>	Years <i>2</i>	Months <i>0</i>	Days <i>-</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Southern Co, Md</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Halvor Wroldsen</i>					Father's Birthplace	<i>Norway</i>
Mother's Maiden Name	<i>Mary J. Hopkins</i>					Mother's Birthplace	<i>Virginia</i>
Name of person giving Information	<i>Mary J Wroldsen</i>					How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

163

PHYSICIAN  
OR CORONER

Primary	<i>Infantile Paralysis</i>	How long	<i>3 mos.</i>
Immediate	<i>Paralysis of Respiration</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Dr F Chambers MD</i>	
Address		<i>Lucy, Calvert Co Md</i>	
Accident or Suicide?		<i>No</i>	

